

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address) TELEPHONE NO.: () - FAX NO. (Optional): () - E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
In the matter of: <div style="text-align: center;">Child(ren) / Minor</div>	CASE NUMBER: <hr/> Hearing Date: Time: _____ Department: _____
REQUEST FOR TELEPHONE APPEARANCE (Juvenile Dependency)	

1. I, (name): _____ am the
☐ parent ☐ other (specify): _____ ☐ attorney for (name): _____ in this case.
2. ☐ I ask the court to allow _____ to appear telephonically at the above hearing.
3. ☐ I have given all parties **48 hours notice** by:
☐ Placed the phrase "Telephone Appearance" below the title of the moving, opposing, or reply papers; or
☐ Served all other parties with this request
4. ☐ I understand that upon the granting of my Request for Telephone Appearance - (Juvenile Dependency) I must contact CourtCall, LLC to arrange teleconferencing services at my own expense. The Court has contracted with CourtCall, LLC to provide teleconferencing services. Information as to the forms and fees may be obtained directly from CourtCall at 1-888-88-COURT
5. ☐ I request the Court waive the requirement to use CourtCall and any fees associate with my request to appear telephonically due to the following:
☐ _____ receives public benefits.
☐ The gross monthly household income (before deductions for taxes) of _____ is less than the amount listed below:

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income
1	\$1,215.63	3	\$2,061.46	5	\$2,907.30
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21

**** If more than 6 people at home, add \$389.59 for each extra person.**

- ☐ Based on information and belief, _____ does not have enough income to pay for his/her household's basic needs and telephonic appearance fees.
- ☐ _____ is a Tribal Representative and through County Counsel has requested a wavier of telephonic appearance fees.
- ☐ _____ is a minor.

I declare under penalty of perjury under the laws of California that the information I have provided on this form and all attachments is true and correct except as to matters stated on information and belief and as to those matters I believe them to be true.

Date: _____

Print your name here

Sign here

ADVISEMENT REGARDING TELEPHONE APPEARANCE

1. I know that I can personally appear at this hearing, and I give up that right. I agree to be duly sworn upon request by the court clerk, holding up my right hand and agreeing under penalty of perjury under the laws of the State of California to tell the truth and nothing but the truth.
2. I understand that if I do not make the proper arrangements for a telephone appearance as set out in local rules or in directions provided by the court, the matter may proceed without my personal or telephone appearance and the court may decide my case based on the documents filed and any testimony given for this hearing.
3. I understand that the court may decide at any time to require my personal appearance and continue my hearing.

I have read the Advisement Regarding Telephone Appearance section of this form and I understand that the terms apply to me.

Date: _____

Signed: _____